

		FOR BHF USE			

LL2

Supportive Living Facility

2010

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2010)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000042

Facility Name: Aurora Supportive Living

Address: 1599 Farnsworth Aurora 60505

Number City Zip Code

County: Kane

Telephone Number: (630) 896-7778 Fax #

Federal Employer ID Number: 36-4455056

Date Current Owners were Certified: 38303

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
	<input type="checkbox"/> "Sub-S" Corp.	
	<input checked="" type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other	

In the event there are further questions about this report, please contact:

Name: Steve Lavenda Telephone Number: (847) 236 - 1111

Email Address: slavenda@frronline.com

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2010 to 12/31/2010 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)

(Type or Print Name)

(Title)

Paid Preparer

(Signed) (Date)

(Print Name and Title) Jeff Singer, C.P.A.

(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.  
111 Pfingsten Road, Suite 300 Deerfield, IL 60015

(Telephone) (847) 236-1111 Fax (847) 236-1155

MAIL TO: BUREAU OF HEALTH FINANCE  
IL DEPT OF HEALTHCARE AND FAMILY SERVICES  
201 S. Grand Avenue East  
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name Aurora Supportive Living

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	123	Single Unit Apartment	123	44,895	1
2	13	Double Unit Apartment	13	4,745	2
3		Other			3
4	136	TOTALS	136	49,640	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	25,012	4,074		29,086	5
6	Double Unit	2,644	431		3,075	6
7	Other					7
8	TOTALS	27,656	4,505		32,161	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 64.79%

D. Indicate the number of paid bed-hold days the SLF had during this year

340 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 21 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☐ NO ☒

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES ☐ NO ☒

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 12/31/2010 Fiscal Year: 12/31/2010

\* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A  
If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A  
If no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A  
If no, explain. N/A

## STATE OF ILLINOIS

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Facility Name: Aurora Supportive Living

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

## IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	192,383	180,111	18,878	391,372	(2,388)	388,984	1
2	Housekeeping, Laundry and Maintenance	121,912	32,139	227,238	381,289	(185,507)	195,782	2
3	Heat and Other Utilities			126,065	126,065	(20,074)	105,991	3
4	Other (specify):	22,022	13,629	9,321	44,972	(10,043)	34,929	4
5	<b>TOTAL General Services</b>	336,317	225,879	381,502	943,698	(218,012)	725,686	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	558,325	7,663		565,988	14,449	580,437	6
7	Activities and Social Services	53,251	5,591		58,842		58,842	7
8	Other (specify):					2,584	2,584	8
9	<b>TOTAL Health Care and Programs</b>	611,576	13,254		624,830	17,033	641,863	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	162,391	6,076	143,658	312,125	(6,250)	305,875	10
11	Marketing Materials, Promotions and Advertising	17,500		9,674	27,174	(1,140)	26,034	11
12	Employee Benefits and Payroll Taxes		947	175,226	176,173	(604)	175,569	12
13	Insurance-Property, Liability and Malpractice			45,154	45,154	35	45,189	13
14	Other (specify):					9,046	9,046	14
15	<b>TOTAL General Administration</b>	179,891	7,023	373,712	560,626	1,087	561,713	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,127,784	246,156	755,214	2,129,154	(199,892)	1,929,262	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			16,334	16,334	231,914	248,248	17
18	Interest			173,622	173,622	283,538	457,160	18
19	Real Estate Taxes			124,055	124,055		124,055	19
20	Rent -- Facility and Grounds			883,031	883,031	(882,798)	233	20
21	Rent -- Equipment			10,268	10,268	194	10,462	21
22	Other (specify):					5,604	5,604	22
23	<b>TOTAL Ownership</b>			1,207,310	1,207,310	(361,548)	845,762	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,127,784	246,156	1,962,524	3,336,464	(561,440)	2,775,024	24

Report Period Beginning:1/1/2010

Ending:12/31/2010

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (23,968)	17	1
2	Interest Income	(14,879)	18	2
3	Bistro Income	(10,043)	04	3
4	Cable TV	(18,423)	03	4
5	Bank Charges	(9,588)	10	5
6	Franchise Tax	(250)	10	6
7	Bad Debt	(8,160)	10	7
8	Penalties & Fines	(100)	10	8
9	Non-Allowable Interest	(173,622)	18	9
10	Non-Allowable Legal	(3,354)	10	10
11	Capitalized R&M	(19,533)	02	11
12				12
13				13
14	BUILDING COMPANY:			14
15	Rent Income	(883,031)	20	15
16	Amortization	5,604	22	16
17	Depreciation	255,882	17	17
18	Interest Expense	472,027	18	18
19	Interest Income	(306)	18	19
20				20
21	PRIOR PERIOD ADJUSTMENTS:			21
22	Resident/ Nursing Supplies	(2,661)	01	22
23	Employee Benefits	43	12	23
24	Telephone/ Travel	(1,463)	10	24
25	Repairs & Maintenance	(165,632)	02	25
26	Management Fees	(156)	10	26
27	Professional Fees	(5,453)	10	27
28	Bank Charges/Fees	(647)	12	28
29	Office Wages Reimbursed	(156)	10	29
30	Advertising	(1,140)	11	30
31	Building Supplies	(350)	02	31
32	Fuel & Gas	(1,651)	03	32
33	Penalties & Fines	(347)	10	33
34				34
35	MANAGEMENT OFFICE ALLOCATION:			35
36	Management Office Allocation:	(18,897)	10	36
37	General and Administrative Expenses	14,636	10	37
38	Employee Benefits	4,261	14	38
39				39
40	APEX HEALTHCARE ALLOCATION:			40
41	Health Care Salaries	14,449	06	41
42	Employee Benefits-Healthcare	2,584	08	42
43	Administrative Salaries	17,944	10	43
44	Emp. Ben.- Gen. Admin.	4,785	14	44
45	General and Administrative Expenses	9,041	10	45
46	Emp. Ben. General	54	10	46
47	Dietary Consultant Salaries	273	01	47
48	Building Supplies	8	02	48
49	Insurance	35	13	49
50	Interest	318	18	50
51	Rent	233	20	51
52	Auto & Equip Rental	194	21	52
53				53

54			54
55			55
56			56
57			57
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61			61
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90			90
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92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(561,440)	101

Facility Name: Aurora Supportive Living

Report Period Beginning 1/1/2010 Ending: 12/31/2010

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3.57	\$ 23.59	1
2	Licensed Practical Nurses	2.15	22.15	2
3	Certified Nurse Assistants	12.38	11.04	3
4	Activity Director & Assistants	1.81	14.17	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.27	12.72	7
8	Dishwashers			8
9	Maintenance Workers	1.26	12.47	9
10	Housekeepers	4.72	9.10	10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.98	26.92	13
14	Clerical	3.97	12.98	14
15	Marketing	0.49	17.24	15
16	Other	1.17	9.06	16
17	Total (lines 1 thru 16)	39.76	\$ 13.64	17

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached					
Aurora Property LLC				Building Co.	

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3?

YES ☐ NO ☒

Name of related entity: N/A If yes, what is the value of those services? \$ N/A

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES ☒ NO ☐

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Aaron Mann, Administrative	Relative	0.3	\$ 1,638	1
2					2
3					3
4					4
5					5
Total				\$ 1638	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1		\$	1
2			2
Total		\$	3

Facility Name: Aurora Supportive Living Report Period Beginning: 1/1/2010 Ending: 12/31/2010

VIII. OWNERSHIP COSTS

A. Purchase price of land Year land was acquired

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. \*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	136		2004	2004	\$ 6,599,506	\$ 239,982	35	\$ 188,557	\$ (51,425)	\$ 1,131,342	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				828,042	16,334		40,425	24,091	102,238	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,427,548	\$ 256,316		\$ 228,983	\$ (27,333)	\$ 1,233,580	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 193,016	\$ 15,900	\$ 19,265	3,365	10	\$ 102,664	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 193,016	\$ 15,900	\$ 19,265	3,365		\$ 102,664	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

STATE OF ILLINOIS

Facility Name & ID Number Aurora Supportive Living

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2	<a href="#">Call Light System</a>	2005	2,651		20	133	133	740	2
3	<a href="#">Construct Second Floor Office</a>	2005	2,850		20	143	143	796	3
4	<a href="#">Construct Second Floor Office</a>	2005	1,211		20	61	61	333	4
5	<a href="#">Construct Fifth Floor Office</a>	2005	1,920		20	96	96	520	5
6	<a href="#">Construct Fifth Floor Office</a>	2005	560		20	28	28	149	6
7	<a href="#">25 Parking Lots Paved</a>	2006	1,175		20	59	59	294	7
8	<a href="#">Awning</a>	2006	2,300		20	115	115	575	8
9	<a href="#">Cabinets</a>	2006	1,443		20	72	72	349	9
10	<a href="#">Install Fire Alarm Pull Stations</a>	2006	2,085		20	104	104	469	10
11	<a href="#">Install Cabinets/Monitors/Cooling Fans For Nurses Call Stations</a>	2006	2,906		20	145	145	654	11
12	<a href="#">Install Cabinets In Room/Double Door/Single Doors/</a>	2006	4,066		20	203	203	915	12
13	<a href="#">Install Doors/Fire Doors/Install Fire Alarm System</a>	2006	4,233		20	212	212	952	13
14	<a href="#">Install Door Bell</a>	2006	2,116		20	106	106	458	14
15	<a href="#">Locks</a>	2006	719		20	36	36	156	15
16	<a href="#">Rm 502-503-309 Rewired</a>	2006	3,479		20	174	174	725	16
17	<a href="#">Kitchen Cabinets</a>	2006	3,514		20	176	176	718	17
18	<a href="#">Various Flooring Replacement</a>	2006	20,276		20	1,014	1,014	4,140	18
19	<a href="#">Install Gas Heater &amp; Thermostat</a>	2007	5,376		20	269	269	1,053	19
20	<a href="#">Flooring &amp; Cabinets</a>	2007	2,813		20	141	141	504	20
21	<a href="#">Various Floor Work</a>	2007	4,874		20	244	244	934	21
22	<a href="#">Countertops</a>	2007	1,203		20	60	60	236	22
23	<a href="#">Gas Meter &amp; Unit Heaters</a>	2007	12,842		20	642	642	2,515	23
24	<a href="#">Office Remodeling</a>	2007	14,442		20	722	722	2,588	24
25	<a href="#">5Th Floor Balcony Remodeling</a>	2007	18,554		20	928	928	2,860	25
26	<a href="#">Therapy Room Remodel</a>	2007	5,304		20	265	265	818	26
27	<a href="#">Ramps</a>	2007	3,800		20	190	190	586	27
28	<a href="#">Video Equipment - Nurse Call</a>	2008	783		20	39	39	101	28
29	<a href="#">Domed Security Cameras</a>	2008	2,086		20	104	104	226	29
30	<a href="#">Balcony Contruction - Roofing</a>	2008	2,150		20	108	108	269	30
31	<a href="#">Remodel Lobby, Office, Therapy</a>	2008	17,431		20	872	872	2,179	31
32	<a href="#">Garden Electric Nurse Call Repairs, Balcony</a>	2008	12,719		20	636	636	1,749	32
33	<a href="#">Total Book Depreciation</a>	2008	1,432		20	72	72	179	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 163,314	\$		\$ 8,166	\$ 8,166	\$ 29,738	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



STATE OF ILLINOIS

Facility Name & ID Number Aurora Supportive Living

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2	New Master Key System	2008	3,304		20	165	165	454	2
3	Flooring	2008	2,620		20	131	131	393	3
4	Flooring	2008	2,640		20	132	132	363	4
5	Carpeting	2008	3,261		20	163	163	489	5
6	Flooring	2008	33,193		20	1,660	1,660	4,979	6
7	Carpeting, Flooring Material	2008	33,193		20	1,660	1,660	4,979	7
8	Flooring	2008	42,192		20	2,110	2,110	5,274	8
9	Flooring	2008	42,277		20	2,114	2,114	5,461	9
10	Flooring	2008	71,490		20	3,575	3,575	8,936	10
11	Flooring	2008	58,540		20	2,927	2,927	7,318	11
12	Electrical Work	2008	5,086		20	254	254	593	12
13	Sprinkler Repair	2008	2,845		20	142	142	320	13
14	Painting Services	2008	4,846		20	242	242	545	14
15	Electrical Work & Repairs	2008	4,147		20	207	207	449	15
16	Tear Out Units / Install	2008	19,972		20	999	999	2,164	16
17	Tear Out Units / Install	2008	9,098		20	455	455	1,024	17
18	Replace Flooring	2008	34,699		20	1,735	1,735	3,904	18
19	Flooring, Weld Rods, Adhesive	2008	41,576		20	2,079	2,079	4,331	19
20	Painting & Repairs	2008	3,600		20	180	180	405	20
21	Flooring & Tear Out	2008	4,114		20	206	206	446	21
22	Flooring	2009	22,129		20	1,106	1,106	2,213	22
23	Flooring	2009	10,908		20	545	545	1,091	23
24	New Door Opening, Remove Old Door, Wall Work	2009	2,720		20	136	136	261	24
25	Flooring, Wall Work, Column Installation, Electrical	2009	13,898		20	695	695	1,332	25
26	New Fire Door	2009	3,500		20	175	175	335	26
27	Wall Work	2009	3,388		20	169	169	325	27
28	Flooring	2009	45,992		20	2,300	2,300	4,216	28
29	Flooring	2009	13,606		20	680	680	1,247	29
30	Paint Walls	2009	10,087		20	504	504	925	30
31	Frame & Door	2009	8,134		20	407	407	712	31
32	Relocate Mail Boxes, Wall Work For New Cabinets	2009	14,950		20	747	747	1,308	32
33	Flooring	2009	9,422		20	471	471	824	33
34	TOTAL (lines 1 thru 33)		\$ 581,426	\$		\$ 29,071	\$ 29,071	\$ 67,614	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number    Aurora Supportive Living

Report Period Beginning:                      1/1/2010    Ending:                      12/31/2010

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1									1
2	Flooring, Wall Work	2009	11,252		20	563	563	938	2
3	Flooring	2009	15,488		20	774	774	1,291	3
4	Flooring	2009	6,405		20	320	320	507	4
5	Flooring	2009	2,795		20	140	140	221	5
6	Flooring, Sink & Faucet, Electrical Work	2009	14,236		20	712	712	1,008	6
7	A/C Repairs In Kitchen	2009	3,544		20	177	177	251	7
8	Repair Damaged Roof, Gutters	2009	3,200		20	160	160	213	8
9	Granite Counter Tops	2009	2,500		20	125	125	167	9
10	Bistro Remodeling & Materials	2009	4,349		20	217	217	290	10
11	Building Repairs-Carpet Removal	2009	19,533		20				11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	Total Book Depreciation			16,334			(16,334)		33
34	TOTAL (lines 1 thru 33)		\$ 83,301	\$ 16,334		\$ 3,188	\$ (13,146)	\$ 4,886	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Aurora Supportive Living

Report Period Beginning: 1/1/2010

Ending: 2/31/2010

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: \_\_\_\_\_

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? ☒ YES ☐ NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6	Allocated from Mangement Office			/ /	233			6
7	TOTAL				\$ 233			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 10,462

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Banco Popular		X	Mortgage	/ /	\$	6,341,986	/ /		\$ 472,027	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Venture Fund	X		Working Capital/Line of Credit	/ /		404,098	/ /		182,107	4
5	Allocated from Apex		X		/ /			/ /		318	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	6,746,084			\$ 654,452	7
	B. Non-Facility Related										
8	Non-Allowable Interest	X			/ /			/ /		-182,107	8
9	Interest Income	X			/ /			/ /		-15,185	9
10	TOTALS (lines 7, 8 and 9)					\$	6,746,084			\$ 457,160	10

\* If there is an option to buy the building, please provide complete details on an attached schedule.  
\*\* If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: **Aurora Supportive Living**Report Period Beginning: **1/1/2010**Ending: **12/31/2010****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2010**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 276,185	\$ 1,131,632	1
2	Cash-Patient Deposits	12,338	12,338	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	136,181	136,181	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,859	2,859	6
7	Other Prepaid Expenses	8,432	8,432	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>	331,374	331,374	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 767,369	\$ 1,622,816	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost		6,599,506	14
15	Leasehold Improvements, at Historical Cost	50,104	50,104	15
16	Equipment, at Historical Cost	112,656	223,955	16
17	Accumulated Depreciation (book methods)	(105,766)	(1,623,108)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		32,117	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(32,117)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <a href="#">See Attached</a>	26,538	224,095	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 83,532	\$ 5,474,552	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 850,901	\$ 7,097,368	25

\*(See instructions.)

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 3,928,940	\$ 3,928,940	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	64,865	64,865	30
31	Accrued Taxes Payable	156,481	156,481	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<a href="#">See Attached</a>	3,269	309,445	36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 4,153,555	\$ 4,459,731	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable		404,098	38
39	Mortgage Payable		6,341,986	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$	\$ 6,746,084	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 4,153,555	\$ 11,205,815	45
46	<b>TOTAL EQUITY</b>	\$ (3,302,654)	\$ (4,108,447)	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 850,901	\$ 7,097,368	47

Facility Name: Aurora Supportive Living

Report Period Beginning: 1/1/2010

Ending:

12/31/2010

**XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)**

	Revenue	Amount	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 3,043,376	1
2	Discounts and Allowances		2
	<b>SUBTOTAL Resident Care</b>		
3	(line 1 minus line 2)	\$ 3,043,376	3
	<b>B. Other Operating Revenue</b>		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	9,983	7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
	<b>SUBTOTAL OTHER OPERATING REVENUE</b>		
11	(sum of lines 4 thru 10)	\$ 9,983	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	14,879	13
	<b>SUBTOTAL Non-Operating Revenue</b>		
14	(sum of lines 12 and 13)	\$ 14,879	14
	<b>D. Other Revenue (specify):</b>		
15			15
16			16
	<b>SUBTOTAL Other Revenue</b>		
17	(sum of lines 15 and 16)	\$	17
	<b>TOTAL REVENUE</b>		
18	(sum of lines 3, 11, 14 and 17)	\$ 3,068,238	18

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	943,698	19
20	Health Care/ Personal Care	624,830	20
21	General Administration	560,626	21
	<b>B. Capital Expense</b>		
22	Ownership	1,207,310	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	<b>TOTAL EXPENSES</b>		
28	(sum of lines 19 thru 27)	\$ 3,336,464	28
	<b>Income Before Income Taxes</b>		
29	(line 18 minus line 28)	\$ (268,226)	29
30	<b>Income Taxes</b>	\$	30
	<b>NET INCOME OR LOSS FOR THE YEAR</b>		
31	(line 29 minus line 30)	\$ (268,226)	31